



PERMIT # \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_  
DATE: \_\_\_\_\_

BUILDING DEPARTMENT  
11800 TOWN CENTER DRIVE NE, SUITE 300  
ST. MICHAEL, MN 55376  
PHONE: (763) 497-9923  
EMAIL: INSPECTIONS@STMICHAELMN.GOV

### PLUMBING PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_ PID: \_\_\_\_\_

THE APPLICANT IS:                      OWNER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ OTHER \_\_\_\_\_

<b>PROPERTY OWNER</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	TELEPHONE _____

<b>CONTRACTOR</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	TELEPHONE _____ LICENSE # _____
	EMAIL _____

<b>ENGINEER</b>	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	TELEPHONE _____ REG# _____

<b><u>USE TYPE</u></b>		
SINGLE FAMILY _____	TOWNHOME _____	COMMERCIAL/INDUSTRIAL _____
MULTI FAMILY _____	INSTITUTIONAL _____	OTHER _____

**\*\*SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRIC, GAS, OR HVAC WORK**

DETAILED DESCRIPTION OF WORK: \_\_\_\_\_

PLEASE PUT NUMBER OF LINES THAT APPLY:

_____ BATHTUB	_____ LAUNDRY TRAY	_____ SLOP SINK	_____ WATER HEATER
_____ CLOTHES WASHER	_____ LAVATORY	_____ SUMP PUMP	_____ WATER METER
_____ DISHWASHER	_____ LAVATORY R/I	_____ SWIM POOL	_____ WATER SOFTENER
_____ DRINKING FOUNTAIN	_____ ROOF DRAINS	_____ URINAL	_____ OTHER ROUGH IN
_____ FLAMMABLE WASTE	_____ RPZ	_____ SPRINKLER SYSTEM	_____ OTHER
_____ FLOOR DRAINS	_____ SEWAGE PUMP	_____ WATER CLOSET (TOILET)	
_____ GREASE TRAP	_____ SEWER/WATER	_____ WATER CLOSET ROUGH IN	
_____ KITCHEN SINK/DISPOSAL	_____ SHOWER	_____ WATER CONS. USE	

COMMERCIAL ONLY PROVIDE VALUATION: \_\_\_\_\_

PERMIT FEES \$ \_\_\_\_\_ RESIDENTIAL - \$75.00 FOR THE 1ST OPENING - \$8.00 FOR EACH ADDITIONAL COMMERCIAL - 1 1/2% OF TOTAL JOB VALUATION (MINIMUM OF \$175.00)

\$ \_\_\_\_\_ SURCHARGE RESIDENTIAL - \$1.00, COMMERCIAL - .0005 x TOTAL JOB VALUATION

**TOTAL DUE \$ \_\_\_\_\_**

**THIS IS AN APPLICATION FOR A PERMIT—IT IS NOT VALID UNTIL PROCESSED**

I HEREBY APPLY FOR A PLUMBING PERMIT, AND I ACKNOWLEDGE THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THE WORK FOR WHICH THE PERMIT ISSUED SHALL BE PERFORMED ACCORDING TO; (1) THE CONDITIONS OF THE PERMIT; (2) THE APPROVED PLANS AND SPECIFICATIONS; (3) THE APPLICABLE CITY APPROVALS, ORDINANCES, AND CODES; AND, (4) THE STATE BUILDING/MECHANICAL CODES AND REGULATIONS.

I UNDERSTAND THE PERMIT WILL EXPIRE, AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, I AM RESPONSIBLE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

NAME OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
PLEASE TYPE OR PRINT

SIGNATURE OF APPLICANT \_\_\_\_\_

BUILDING OFFICIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_